

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	10	9-100	
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			10-100

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	1	1	6/1/62
2	2	2	8/1/62
3			5/13/62
4			✓
5			✓
6			✓
7			✓
8			✓
9			✓
10			✓
11			✓
12			✓
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15			✓
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26			✓
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32			✓
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Claim	Final	Original	Date
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**REST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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